KORNGUT PALEUDIS LLC

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ADAM I. KLEINBERG, *OF COUNSEL* +Δ
PAUL C. TAYLOR, *OF COUNSEL* Δ+
LIEL HOLLANDER, *OF COUNSEL*+

ADMITTED TO PRACTICE +NY, ♦CT, ★PA, ΔNJ, ΦCA

October 19, 2026

Via FedEx, Priority Overnight Delivery

RECEIVED
OCT 20 2026
BY COMMUNITY BOARD 8

Manhattan Community Board 8
505 Park Avenue, #620
New York, NY 10022

Re: Coliemore Inc.'s Alteration Application
License ID: 0340-22-103546; 0423-22-103547

To Whom It May Concern,

Our firm represents Coliemore Inc., an establishment operating a restaurant at 1640 Second Avenue under the above listed license ID. Please accept the enclosed 30-Day Notice for permission to make alterations. Our client will be extending the existing bar to include three additional seats.

If you require any additional information or have any questions or concerns, please do not hesitate to contact me at mjp@kplawyers.com or (212) 837-8482.

Yours truly,

Michael Paleudis, Esq.

Enclosure

Cc: Curt Huegel, *via email*

rev-04/2/26

Liquor Authority

OFFICE USE ONLY
○ Original ○ Amended Date _____

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent: 10/19/2026 1a. Delivered by: Overnight Mail, Tracking Number and Pro

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

○ New Application ○ Removal ○ Class Change

For premises in the City of New York: (counties of Kings, New York, Bronx, Queens and Richmond):

○ New Application ○ New Application and Temporary Retail Permit ○ Temporary Retail Permit ○ Removal

○ Class Change ○ Method of Operation ○ Corporate Change ○ Renewal ◉ Alteration

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date
For **Renewal** applicants, answer all questions
For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)
For **Corporate Change** applicants, attach a list of the current and proposed corporate principals
For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation
For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type
For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board: Manhattan Community Board 8

Applicant/Licensee Information:

4. Licensee License ID (if applicable): 0340-22-103546; 0423-22-103547 Expiration Date (if applicable): 01/31/2028

5. Applicant or Licensee Name: Coliemore Inc.

6. Trade Name (if any): Cafe Maud

7. Street Address of Establishment: 1640 Second Avenue

8. City, Town or Village: New York , NY Zip Code: 10028

9. Business Telephone Number of applicant/ Licensee: (929) 630-3420

10. Business E-mail of Applicant/Licensee: rcarter@dearmaud.com

11. Type(s) of alcohol sold or to be sold: ○ Beer & cider ○ Wine, Beer & Cider ◉ Liquor, Wine, Beer & Cider

12. Extent of Food Service: ◉ Full Food menu; full kitchen run by a chef/cook ○ Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant (full kitchen and full menu required)

14. Method of Operation: (check all that apply)
☐ Seasonal Establishment ☒ Juke Box ☒ Disc Jockey ☒ Recorded Music ☐ Karaoke
☒ Live Music (give details i.e., rock bands, acoustic, jazz, etc.): _____
☐ Employee Dancing ☐ Exotic Dancing ☐ Topless Entertainment
☐ Video/Arcade Games ☐ Third Party Promoters ☐ Security Personnel
☐ Other (specify): _____

15. Licensed Outdoor Area: (check all that apply)
☐ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
☐ Sidewalk Cafe ☐ Other (specify): _____

rev-04/2/26

OFFICE USE ONLY
○ Original ○ Amended Date _____

16. List the floor(s) of the building that the establishment is located on: Ground, first, and second floors

17. List the room number(s) the establishment is located in within the building, if appropriate: N/A

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? ◉ Yes ○ No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ◉ Yes ○ No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and ID number of the licensee:

Name _____ License ID Number _____

21. Does the applicant or licensee own the building in which the establishment is located? ○ Yes (if YES, SKIP 23-26) ◉ No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: Notaro Family Limited Partnership c/o Reliable Property Management

23. Building Owner's Street Address: 317 E 83rd Street

24. City, Town or Village: New York State: NY Zip Code: 10028

25. Business Telephone Number of Building Owner: (646) 291-6654

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name: Michael J. Paleudis, Esq.

27. Representative/Attorney's Street Address: 100 Canal Pointe Blvd., Suite 125

28. City, Town or Village: Princeton State: NJ Zip Code: 08540

29. Business Telephone Number of Representative/Attorney: (212) 835-6768

30. Business E-mail Address of Representative/Attorney: mjp@kplawyers.com

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Curt Huegel Title: President

☑ By checking this box I agree, and it is my intent, to electronically sign this document. By submitting this e-document to the New York State Liquor Authority in this way, I understand that my electronic signature I added to the signature line below is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and I am affirming the truth of the information contained therein.

Principal Signature: _____

Date: 10 / 19 / 2026

Doc ID: 1d223d0fab0e31074e52aed13393fbb707497712

Dropbox Sign

Audit trail

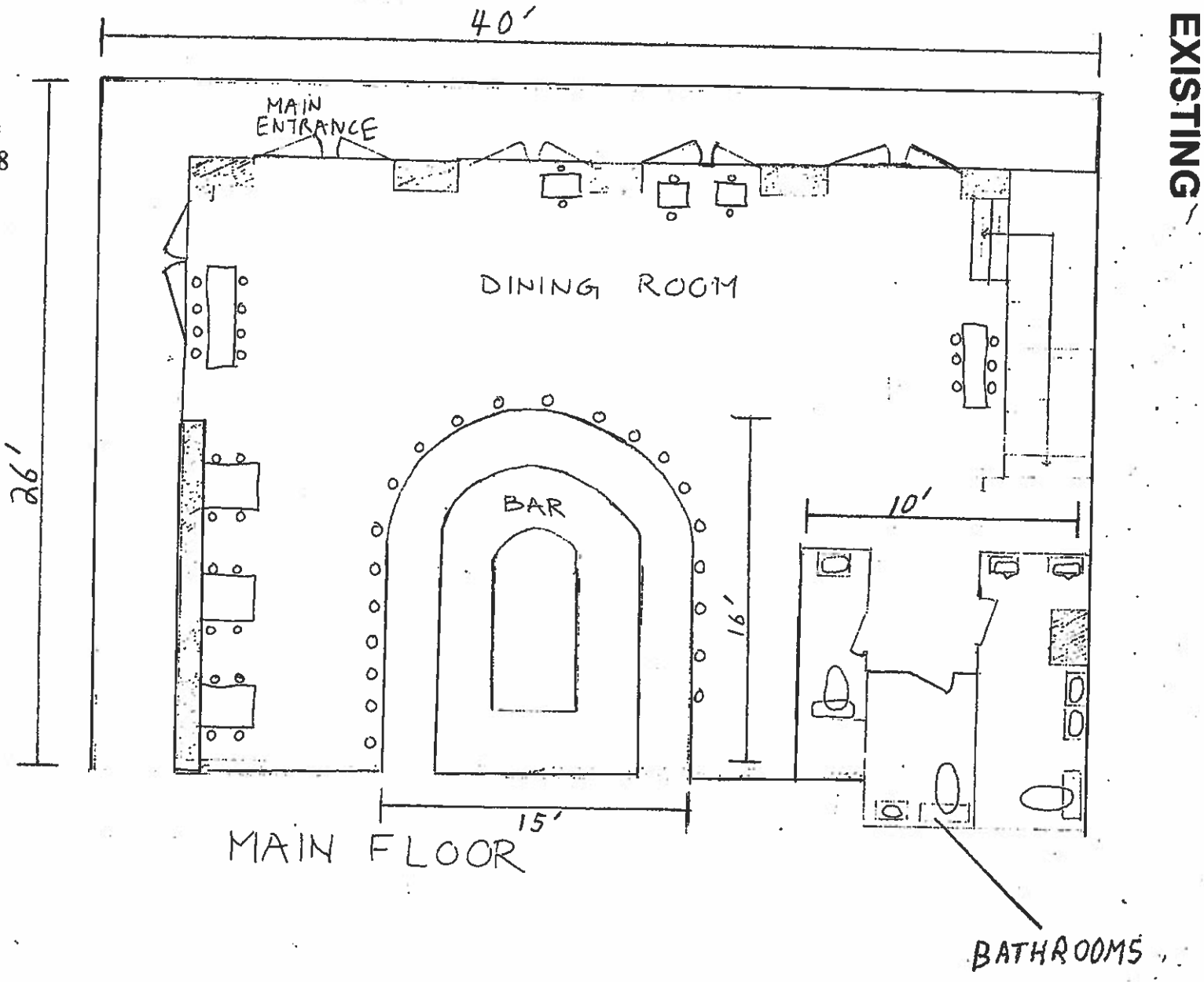
Title	Coliemore Inc. - 30-Day Notice (addition of bar seats)
File name	10.16.26%20-%2030...0%28locked%29.pdf
Document ID	1d223d0fab0e31074e52aed13393fbb707497712
Audit trail date format	MM / DD / YYYY
Status	Signed

This document was requested from app.clio.com

Document History

SENT	**10 / 19 / 2026** 14:26:07 UTC	Sent for signature to Curt Huegel (chuegel@hostrestaurants.com) by services@clio.com acting on behalf of ler@kplawyers.com IP: 148.170.231.227
VIEWED	**10 / 19 / 2026** 14:35:09 UTC	Viewed by Curt Huegel (chuegel@hostrestaurants.com) IP: 24.0.236.83
SIGNED	**10 / 19 / 2026** 14:35:22 UTC	Signed by Curt Huegel (chuegel@hostrestaurants.com) IP: 24.0.236.83
COMPLETED	**10 / 19 / 2026** 14:35:22 UTC	The document has been completed.

Coliemore, Inc
1640 Second Avenue
New York, NY 10028
Ground Floor



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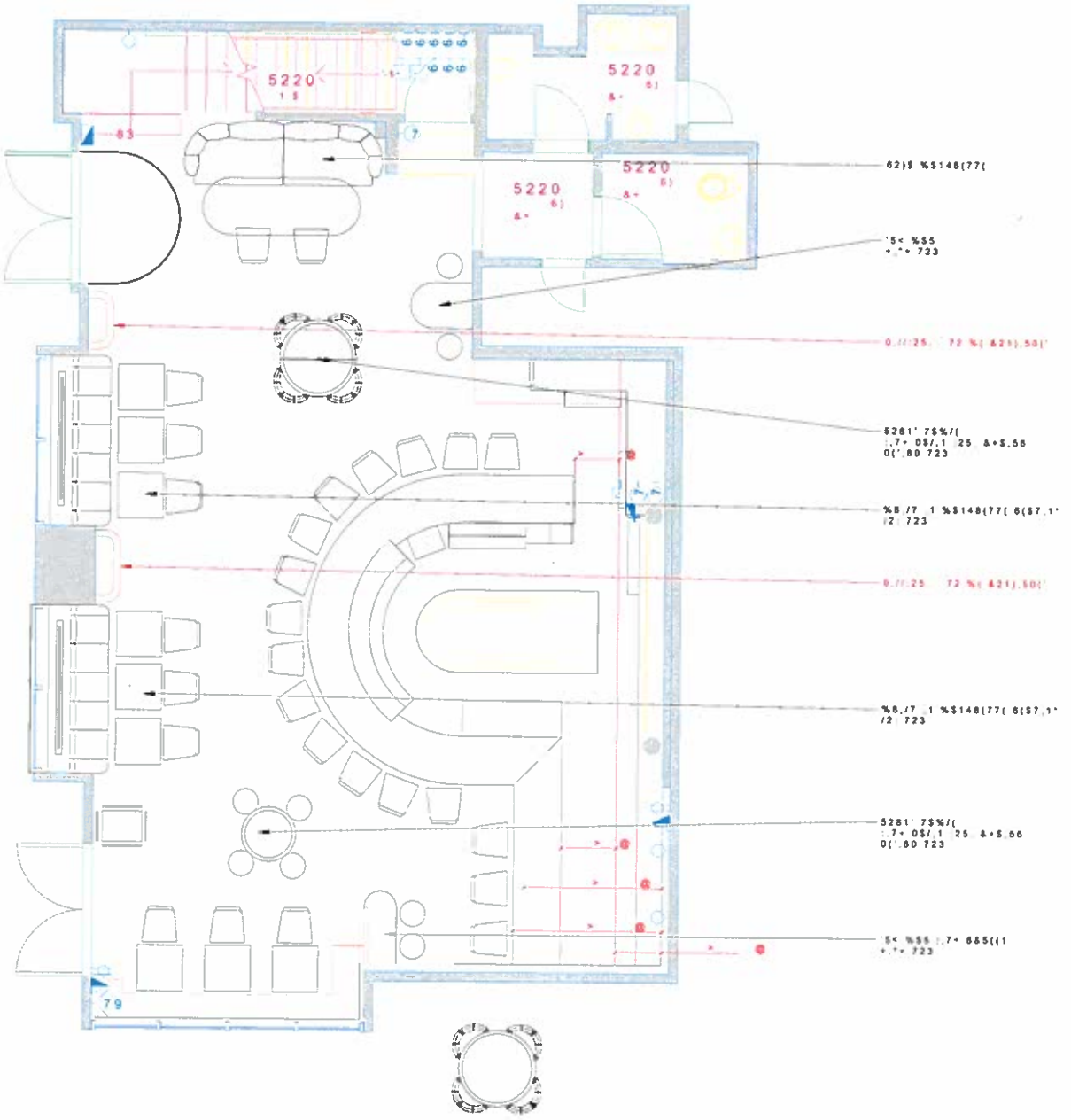

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